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ABSTRACT

Though dyslexia is most common in elementary-school-age children, some students enter college with dyslexic symptoms. They are faced with a very frustrating experience unless assistance becomes available. The college counseling center has the means to offer the needed assistance. This article describes typical deficit patterns of dyslexic students. It offers a sample case summary of one student with reading difficulties, and outlines the six-point program developed by the counseling center to help him improve his grades. (Author/BP)

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THERE'S A DYSLEXIC IN THE COUNSELING CENTER

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Dyslexia has long been a perplexing and much researched educational problem. Educational psychologists have tended to resist the label of dyslexic mainly due to its nihilistic implications for prognosis. Regardless of the label or the resistence to prognosis, dyslexic children do exist in the elementary schools, junior-senicr high schools and at the college level. The educational level of the dyslexic child does mandate positive success rate. As with most reading disabilities, the older the child, the more difficult is positive remediation.

Based upon proper diagnostic and prescriptive techniques, many dyslexic students do leave high schools and enter colleges. Diagnosis and treatment of dyslexia is a difficult task and the high schools are not at fault. Most high schools lack the personnel and methodology for such procedures.

Students who enter college and exhibit the patterns of deficits known as the Gerstmann signs: (a) directional confusion, (b) calculation difficulties, (c) writing and spelling impairment, (d) form perception, and (e) impairment in verbal intelligence, do experience a frustrating college existence. Granted these deficits do not always point to a dyslexic reader, but they are persistent occurrences in disabled readers.

The college student, who usually requests assistance in reading skills, typically presents his/her difficulty as reading too slowly or not understanding what has been read. During the exploration of the student's needs, it is usually found that the student has average or above intelligence and adequate motivation to master needed reading skills, but has failed to do so. Also

during the diagnostic exploration, a lack of neurological or sensory deficits may be discovered. Though diagnostics are a useful tool, many times they become standardized crutches. It is very useful to determine the level of reading retardation in college students, but more beneficial to attempt correction of the disability.

Critchley (1968) reports the incidence of dyslexia in a school population to range from five percent to twenty percent. This is a large portion of any school population, whether it be high school or college. To properly diagnose a dyslexic college student is a difficulty task in itself, but more difficult is the correction factor. For a college student to be diagnosed as a dyslexic reader for the first time in a college situation is a rarity. Many of these students have experienced reading difficulties prior to college and have sought or have been referred for reading assistance. A beneficial program for the busy college student will be compensatory in nature and designed for and with the student in mind. A sample of such a case summary is below:

CASE SUMMARY

Identifying information: Male, age 21, Sophomore

Reasons for referral to the Counseling Center:

1) poor grades: point average 1.10

2) feels he is reading too slowly

This student scored below average on seven diagnostic assessments, which he agreed to take, measuring: vocabulary, comprehension, reading rate, visual

perception, oral reading and form perception. Average or above scores were achieved on the WAIS and no evidence was present of neurological or sensory deficits.

In discussing the student's previous educational background, he stated that he had been in remedial reading classes for eight years and had succeeded well in this type of format. Prior to his senior year in high school, a complete neurological and educational assessment had been made. He was told he was a dyslexic reader.

Upon discussion of the test results with the student we decided on the following format for his program:

1) A structured read-study-review daily schedule
2) The use of a tape recorder for his weekly review and synopsis of his daily notes (to be reviewed weekly for each course)
3) The location of a tutor for his most difficult subject
4) A two-hour remediation session each week, for review and up-date of essential vocabulary, study skills and paragraph patterns
5) A lighter academic courseload (presently carrying 16 hours. Suggested he reduce his courseload to 13 hours.)
6) Perhaps to review his present curricula in terms of long term career goals.

Though the above skill subsets for the student's overall program are not clinical or strictly reading oriented, it was deemed a beginning for this student. The student has now struggled through two quarters and is carrying an increased point average. (Pre-diagnosis/treatment point average was 1.1; post-diagnosis/treatment point average is 1.6). The student is keenly aware of his capabilities and limitations, but his motivation to succeed overshadows his limitations at the present time. The motivation is evident in that the student has now given 26 hours of his time and is continuing to devote as much time for assistance as possible. The long-term prognosis for this student is not a favorable one. He must maintain high levels of motivation, carry a minimum academic courseload and follow a highly structured read-study-review program.

This paper is not designed to offer concrete, finalized plans for diagnosing and treating suspected college dyslexic readers. It is an attempt to emphasize the plight of severely disabled college readers. If dyslexic readers are to be remediated, dyslexia must be identified early in the school experience. To satisfactorily benefit college students, prescriptive programs must be compensatory in nature. Long-term, one-to-one clinical settings would be mandatory if minimal success is to be realized.

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